

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 01/31/2019

| | | | |
|--|---|---|---|
| 1. Federal Agency and Organizational Element to Which Report Is Submitted United States Environmental Protection Agency | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) A00901315 | |
| 3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: California Air Resources Board Street1: 1001 I Street Street2: City: Sacramento County: State: CA: California Province: Country: USA: UNITED STATES ZIP / Postal Code: Zip: 95814 | | | |
| 4a. DUNS Number 195930276 | 4b. EIN 68-0288069 | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 466105-15 | |
| 6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final | 7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual | 8. Project/Grant Period From: 10/01/2014 To: 09/30/2019 | 9. Reporting Period End Date 09/30/2018 |
| 10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i> | | | Cumulative |
| Federal Cash (To report multiple grants, also use FFR attachment): | | | |
| a. Cash Receipts | | | 0.00 |
| b. Cash Disbursements | | | 0.00 |
| c. Cash on Hand (line a minus b) | | | 0.00 |
| <i>(Use lines d-o for single grant reporting)</i> | | | |
| Federal Expenditures and Unobligated Balance: | | | |
| d. Total Federal funds authorized | | | 26,275,221.00 |
| e. Federal share of expenditures | | | 21,004,628.17 |
| f. Federal share of unliquidated obligations | | | 0.00 |
| g. Total Federal share (sum of lines e and f) | | | 21,004,628.17 |
| h. Unobligated balance of Federal Funds (line d minus g) | | | 5,270,592.83 |
| Recipient Share: | | | |
| i. Total recipient share required | | | 82,062,000.00 |
| j. Recipient share of expenditures | | | 82,062,000.00 |
| k. Remaining recipient share to be provided (line i minus j) | | | 0.00 |
| Program Income: | | | |
| l. Total Federal program income earned | | | 0.00 |
| m. Program Income expended in accordance with the deduction alternative | | | 0.00 |
| n. Program Income expended in accordance with the addition alternative | | | 0.00 |
| o. Unexpended program income (line l minus line m or line n) | | | 0.00 |

| 11. Indirect Expense | | | | | | |
|--|---------|----------------|-----------|---|-------------------|-----------------------------|
| a. Type | b. Rate | c. Period From | Period To | d. Base | e. Amount Charged | f. Federal Share |
| | | | | | | |
| | | | | | | |
| g. Totals: | | | | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: | | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">Add Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">View Attachment</div> </div> </div> | | | | | | |
| 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, section 1001) | | | | | | |
| a. Name and Title of Authorized Certifying Official | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>Prefix: Ms.</div> <div>First Name: Yogeeta</div> <div>Middle Name: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Last Name: Sharma</div> <div>Suffix: </div> </div> <div style="margin-top: 5px;">Title: Manager, Accounting Administrator II</div> | | | | | | |
| b. Signature of Authorized Certifying Official | | | | c. Telephone (Area code, number and extension) | | |
| <div style="border: 1px solid black; height: 40px; display: flex; align-items: center; justify-content: center; font-family: cursive; font-size: 1.2em;">Sharma</div> | | | | <div style="border: 1px solid black; padding: 2px 10px;">(916) 322-8215</div> | | |
| d. Email Address | | | | e. Date Report Submitted | | 14. Agency use only: |
| <div style="border: 1px solid black; padding: 2px 10px;">Federal@atb.ca.gov</div> | | | | <div style="border: 1px solid black; padding: 2px 10px;">12/28/19</div> | | |

Standard Form 425